



# State of Washington Application for a Water Right



For Ecology Use  
Fee Paid 10  
Date 5-28-02  
CHK # 8304

Please follow the attached instructions to avoid unnecessary delays.

## Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Robert, CLAIRE DAINARD Home Tel: (425) 369 - 2345  
Mailing Address P.O. BOX 761 Work Tel: (425) 369 - 2951  
City MANSON State WA Zip+4 98831 + FAX: (425) 369 - 2360  
(509) 687-9008

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name \_\_\_\_\_ Home Tel: 509 687-9008  
Mailing Address 3085 CHELAN BLVD Work Tel: ( ) -   
City MANSON State WA Zip+4 98831 + FAX: ( ) -   
Relationship to applicant \_\_\_\_\_

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 10 gallons per min (☒ gallons per minute or ☒ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the purpose(s) of SEE PAGE 2. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-foot per year: \_\_\_\_\_

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 4. WATER SOURCE

| If SURFACE WATER   | If GROUNDWATER                         |
|--|--|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: | A permit is desired for _____ well(s). |
| Number of diversions: <u>1 LAKE CHELAN</u>   |  |
| Source flows into (name of body of water):<br><u>LAKE CHELAN</u>   | Size & depth of well(s):               |

### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

| 1/4 of    | 1/4 of    | Section   | Township  | Range (E/W) | County        | If location of source is platted, complete below: |           |                               |
|-----------|-----------|-----------|-----------|-------------|---------------|---|-----------|-------------------------------|
|           |           |           |           |             |               | Lot   | Block     | Subdivision                   |
| <u>NW</u> | <u>NW</u> | <u>27</u> | <u>28</u> | <u>21</u>   | <u>CHELAN</u> | <u>14, 15</u>                                     | <u>11</u> | <u>Just for the SUN of IT</u> |

For Ecology Use Date Received: MAY 28, 2002 Priority Date: MAY 28, 2002  
SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 06-14-02 By CS Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 47



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: CHELANI/MANSONI RECLAMATION
- B. Briefly describe your proposed water system. (See instructions.) DEPARTMENT

- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO  
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: N/A OUR property is water front on Lake CHELAN. we would like to pump
- B. List total number of acres for other specified agricultural uses: some water out of  
Use N/A Acres \_\_\_\_\_ the lake during summer  
Use \_\_\_\_\_ Acres \_\_\_\_\_ months to water our  
Use \_\_\_\_\_ Acres \_\_\_\_\_ ROSES and small grassy
- C. Total number of acres to be covered by this application: AREA. The AREA is
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977) approximately 40 feet  
Add up the acreage in which you have a controlling interest, including only: Long and 4 feet  
‡ Acreage irrigated under water rights acquired after December 8, 1977; deep. The  
‡ Acreage proposed to be irrigated under this application; AREA consists of grass  
‡ Acreage proposed to be irrigated under other pending application(s). and 8 ROSE BUSHES.
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO  
If yes, enter permit no.: N/A
- E. Farm uses:  
Stockwater - Total # of animals N/A Animal Type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

GO THROUGH MANSION  
TURN ~~LEFT~~ ON LAKE SHORE DRIVE, LAKE SHORE VEERS  
LEFT  
TO RIGHT, FOLLOW RIDGE ALONG WATER, STAY ON  
LAKE SHORE (SAYS DEAD END) GO LEFT ON  
CHELAN BLVD, FOLLOW INTO PLAT "JUST FOR  
SUN OF IT"

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

NA? ——— [House]  
[STAIRS TO LAKE]  
[GLASS / ROSES]

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Robert & Claire Dummer  
Applicant (or authorized representative)

5/20/02  
Date

Same  
Landowner for place of use (if same as applicant, write "same")

\_\_\_\_\_  
Date



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

|   |  |
|---|--|
| We are returning your application for the following reason(s):  |  |
| _____ Examination fee was not enclosed  | APPLICANT PLEASE<br>RETURN TO CASHIER,<br>PO BOX 5128, LACEY, WA<br>98509-5128 |
| _____ Section number(s) _____ is/are<br>incomplete  | APPLICANT PLEASE<br>RETURN TO THE<br>APPROPRIATE REGIONAL<br>OFFICE            |
| Explanation:<br><br><br>  |  |
| Please provide the additional information requested above and return your application by _____<br>_____ (date). |  |

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

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To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).